

time in excess of his leader time. Is it the intent that be charged against the time he had under his control under the previous order, or is that time outside that previous order?

Mr. DASCHLE. Mr. President, I ask that 10 minutes of the time that I consumed be applied against the Democratic morning business time.

The PRESIDENT pro tempore. The Senator has consumed more than that time. He wishes to have 10 minutes of that time counted against that time?

Mr. DASCHLE. Correct.

The PRESIDENT pro tempore. Without objection, it is so ordered.

MORNING BUSINESS

The PRESIDENT pro tempore. Under the previous order, there will be a period for the transaction of morning business for statements only for up to 90 minutes; the first half of that time under the control of the Democratic leader or his designee—that is now 35 minutes—and the second half under the control of the majority leader or his designee.

Who seeks time?

The Senator from Nevada.

ORDER OF PROCEDURE

Mr. REID. On behalf of Senator DASCHLE, we yield 15 minutes to Senator STABENOW and 10 minutes to Senator HARKIN.

The PRESIDENT pro tempore. Senator STABENOW is recognized for 15 minutes.

LOWERING THE COST OF MEDICINE

Ms. STABENOW. Mr. President, first I commend our Democratic leader for an outstanding vision of what we should be doing to do right by America. His eloquence this morning certainly speaks to every single person in Michigan and what we care about, the priorities and values that we have, and certainly it speaks to the sense of urgency that I believe we need to get something done for the people we represent in this wonderful country. We need to do right by America.

There is something wrong when we have provided funding for health care in Iraq for a broad, universal health care system, yet we cannot focus on health care at home for over 44 million people and focus on the costs of prescription drugs or make sure there is a real Medicare bill that works. There is something wrong with this picture. It is truly time for us to do right by America. That is our job.

I speak today specifically about a topic that I frequently think about on the floor of the Senate that needs to have a sense of urgency about it as we come to the end of this week. We will not be in session in August. We will come back only for a few weeks in the fall. There is a sense of urgency at

home about the need to lower the cost of medicine, the access to prescription drugs in this country.

I rise to express great concern today because at this very moment the Senate HELP Committee was supposed to be marking up a bill that hopefully would lead to the safe importation of FDA-approved prescription drugs from Canada and other countries where it can be done safely. But, once again, the markup has been delayed. I am deeply concerned that with the number of legislative days winding down, we will not see a bill coming from committee to the floor of the Senate any time this year.

We know the prices of prescription drugs continue to rise and continue to place a tremendous burden not only on our seniors but on everyone who uses medicine on a regular basis.

We have a strong bipartisan bill that we put together to allow the reimportation of prescription drugs. It has been carefully discussed and deliberated. There is no reason that Americans should not benefit from the passage of this new law so we can have access to safe, FDA-approved drugs that come from FDA-inspected facilities in other countries. In fact, Sav-Rx, one of the companies that is offering a Medicare drug card now, is even promoting reimportation as part of their marketing.

As reported in Tuesday's Washington Post, the company's Web site reads:

Sav-Rx is giving you the opportunity to save an additional 20%-30% on your mail order prescriptions through the use of our Canadian Mail Order Pharmacy.

This is one of our Medicare cards that is using a Canadian mail order pharmacy.

I have to say I am more concerned about mail order or Internet sales—particularly Internet sales—where we do not have the safeguards, or may not know where the prescriptions are coming from, rather than what our bill does, which is allow the local pharmacist in Michigan or the pharmacist in any other State to do business with the pharmacist across the border in a safe, FDA-approved way, with a closed supply chain that brings the medicine from one place to another so we know where it comes from and we can assure its safety.

But here we have one of those providing a Medicare card to seniors who are using right now a Canadian mail order pharmacy as part of this process. Yet we can't get the support to pass a bill that would guarantee this process is available for everyone through the local pharmacy—one pharmacy to another—and which is done in the safest possible way. We don't have regulations right now that mirror what we have in our bill in terms of promoting the safety of reimportation of prescription drugs.

If we are going to continue to see mail order and Internet sales, we certainly need to address the issues that we have addressed in our bill to make sure this process is safe.

This is all about numbers, as usual. The opposition is all about numbers. It is about the \$17 billion annually that the drug companies stand to profit from the new Medicare law versus the \$5 billion cost that American consumers can save per month from reimporting prescription drugs from Canada or allowing the local pharmacists in America to do business with the pharmacists in Canada.

It is about requiring our seniors to go through this complicated process under Medicare to attempt to get a discount through a Medicare card that would set up much more to profit the drug companies than to profit the seniors. It is about a process that we are forcing people to go through to try to get help. It is complicated. There are multiple cards. The prices can change every 7 days. The discounted drugs can change every 7 days.

We heard testimony on Monday from Dr. McClellan in charge of the Center for Medicare. What we are hearing is this massive effort of spending money to market and try to explain to people this complicated process. Why do we have this complicated process? Because it benefits the pharmaceutical companies. It doesn't allow Medicare to negotiate group prices to get the best deal for people. So we have this complicated, costly process going on to guarantee that the profits of the industry are protected.

On the other hand, all we need to do is bring to the floor this bipartisan bill that would allow our local pharmacists to do business safely with pharmacists in Canada and other countries. We could drop prices in half immediately for consumers. We would save over \$5 billion a month for consumers. We would truly begin to address the stories we hear all the time—it is happening; they are not just stories—of people who are choosing between food and medicine, paying their electric bill or paying their rent. We don't make up those stories. It is happening every day, and I am sure it is happening right now as I am speaking. We can fix that, too.

If the HELP Committee brought up a bill, had a meeting and voted this bill out today, we would have on the floor a means for us to be able to work together to adopt a bill that works, is safe, and lowers prices. But instead one more time this is delayed—delayed, delayed. Unfortunately, folks can't delay their bills. When they go to the pharmacy to get their medicine, they can't say: I would be happy to pay you but nothing is happening in Congress yet. The President won't support lowering prices. So I can't afford to pay this right now. Can you wait? Can I pay it next year when they finally get around to fixing this, maybe? People can't do that when they go into the pharmacy. They have to pay for their medicine.

There is a sense of urgency which they feel that, unfortunately, is not felt in this body, or by the leadership. Those of us who have been working